



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone #978-692-5509 Fax #978-399-2558

**TOWN OF WESTFORD
APPLICATION FOR LICENSE TO OPERATE
A PUBLIC OR SEMI-PUBLIC BATHING BEACH**

FEE \$150.00

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Name of Beach _____

Address/Location _____ Phone # _____

Owner's Name _____

Owner's Address _____ Phone # _____

Hours of Operation _____ () Public () Semi-Public

Duration of Season _____

Estimated Average Daily Attendance _____

Name of Manager(s) in
Charge of Daily Operations _____ Phone # _____

_____ Phone # _____

NAME(S) of Life guard(s) _____ Phone # _____

_____ Phone # _____

_____ Phone # _____

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The undersigned agrees to operate the aforementioned bathing beach in accordance with the provisions of Article VII of the State Sanitary Code titled, "Minimum Standards for Bathing Beaches" and other applicable laws or regulations. The undersigned further agrees not to place this bathing beach in operation until a license to operate said beach has been issued by the Board of Health.

Social Sec #/Federal ID #

Signature of Applicant

Date